

Name of Person Filing Document: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State, Zip Code: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
Representing ☐ Self or ☐ Attorney for \_\_\_\_\_  
Attorney State Bar Number: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY**

In the Matter of (check one or both)  
☐ Guardianship ☐ Conservatorship of

PB Number: \_\_\_\_\_

**PETITION FOR RELEASE OF  
FUNDS FROM RESTRICTED  
ACCOUNT**

\_\_\_\_\_ ☐ a minor or ☐ an adult

1. **APPOINTMENT:** The following person was appointed (name) \_\_\_\_\_  
and accepted appointment as (check one box):

- ☐ Guardian and conservator on (date) \_\_\_\_\_;  
☐ Guardian (date) \_\_\_\_\_;  
☐ Conservator (date) \_\_\_\_\_.

2. **BIRTH DATE.** The ☐ minor or ☐ adult was born on (date) \_\_\_\_\_

3. **RESTRICTED FUNDS:** The minor/adult has exactly \$ \_\_\_\_\_ in a restricted account,  
(account number) # \_\_\_\_\_ deposited with (name of bank or financial institution)  
\_\_\_\_\_

4. **NO PREVIOUS WITHDRAWALS.**

☐ No previous withdrawals have been made from the account without a written order of this Court.  
(If this statement is true, check the box. If the statement is not true, see a lawyer for help.)

5. **REASON THE FUNDS ARE NEEDED.**

☐ The minor/adult needs funds from the restricted account for the following reasons and in the following amounts:

REASON/PURPOSE	AMOUNT
a. _____	_____
b. _____	_____
c. _____	_____

**6. NO OTHER SOURCE OF FUNDS.**

- ☐ There is no other source of funds to pay for these needs, and no parent or other person is under a legal obligation to satisfy this need. (If this statement is true, check the box. If the statement is not true, see a lawyer for help.)

**REQUEST TO THE COURT**

**PETITIONER ASKS THAT THE COURT DO THE FOLLOWING THINGS AFTER NOTICE AND HEARING:**

1. Direct the release of restricted funds in the amounts and for the purposes requested in this Petition;
2. Require proof to be filed with this Court within a reasonable period of time that the released funds have been used for the purposes described in this Petition;
3. Make any other orders the Court decides are in the best interests of the minor/adult.

**OATH AND VERIFICATION OF PETITIONER**

**STATE OF ARIZONA     )**  
**County of Maricopa    ) ss.**

I, the Petitioner, being duly sworn and under oath, state that I have read this petition. All the statements in the Petition are true and correct and complete to the best of my knowledge and belief.

SIGNED: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by the Petitioner,  
\_\_\_\_\_.

NOTARY PUBLIC: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_